

STATE OF HAWAII — DEPARTMENT OF TAXATION  
**APPLICATION FOR  
EXEMPTION FROM THE PAYMENT OF GENERAL EXCISE TAXES**  
PLEASE READ THE INSTRUCTIONS (FORM G-6A) BEFORE COMPLETING THIS APPLICATION

1. **NAME OF ORGANIZATION:** \_\_\_\_\_  
\_\_\_\_\_  
(Type or print clearly the full name of your group or organization)

**Mailing Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Business Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Contact person:** \_\_\_\_\_

**Telephone:** (\_\_\_\_\_) \_\_\_\_\_

2. **The above-named organization is applying for exemption from the payment of general excise taxes under the following general excise tax section:** (Check only one box. See instructions for detailed information on the general excise tax sections).

- ☐ Section 237-23(a)(3), Hawaii Revised Statutes
- ☐ Section 237-23(a)(4), Hawaii Revised Statutes
- ☐ Section 237-23(a)(5), Hawaii Revised Statutes
- ☐ Section 237-23(a)(6), Hawaii Revised Statutes

3. **Under what section of the Internal Revenue Code is the organization qualified for federal tax exemption?**  
\_\_\_\_\_. (Please fill in the blank with the appropriate IRC section. For example: IRC §501(c)(3)).

4. **The following items MUST be submitted with this completed application:** (See instructions for more information).

A. Articles of Organization

**Mail the completed application to:** State of Hawaii  
Department of Taxation  
Technical Section  
P. O. Box 259  
Honolulu, HI 96809-0259

B. Copy of By-Laws

C. Copy of IRS Determination Letter Granting Federal Tax Exemption, except churches.  
If the IRS has not yet issued the determination letter, check this box. \_\_\_\_\_ ☐  
and indicate the date the IRS determination letter was applied for \_\_\_\_\_.  
Upon receipt of the IRS determination letter, a copy must be submitted to the Department of Taxation.

D. Twenty Dollars (\$20.00) Registration Fee. If the \$20 general excise license fee has been paid, **do not** submit \$20.

Please enter your general excise license I.D. number here \_\_\_\_\_.

**DECLARATION**

I hereby declare under penalties provided by section 231-36, HRS, that I have examined this application and accompanying attachments, and, to the best of my knowledge and belief, they are true, correct, and complete.

\_\_\_\_\_  
**Signature of Officer or Duly Authorized Agent**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Date**

**FOR OFFICIAL USE ONLY:**

Approved by: \_\_\_\_\_

Date Approved: \_\_\_\_\_

Title: \_\_\_\_\_

**SCHEDULE A  
STATEMENT OF ORGANIZATION**

Date of Inception: \_\_\_\_\_

Date Organization's Hawaii activity began if different from date of inception: \_\_\_\_\_

Under the Laws of: \_\_\_\_\_

If part of a Central (National) Organization, indicate name of Central Organization: \_\_\_\_\_

Character of Organization: \_\_\_\_\_

Purpose for which Organized (describe fully): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Actual Activities in Hawaii (describe fully): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Source of Income in Hawaii (describe fully): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Disposition of Income in Hawaii (describe fully): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of Last Amendment to By-Laws: \_\_\_\_\_

**SCHEDULE B  
LIST OF OFFICERS, DIRECTORS OR TRUSTEES**

Name in Full

Address

Telephone No.  
During the Day

Office Held

Salary

Time Devoted  
to Duties

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SCHEDULE C**  
**COMPARATIVE BALANCE SHEET**

For Year Ending \_\_\_\_\_19\_\_\_\_

[illegible]

[illegible]